The wet bulb thermometer (day) varied from 59 to 74, average 62.
The wet bulb thermometer (night) varied from 41 to 55, average 49.
The dew point (day) varied from 42 to 68, average 51.
The dew point (night) varied from 25 to 92, average 45.
The relative humidity (day) varied from 26 to 63, average 40.
The relative humidity (night) varied from 26 to 92, average 74.
The barometer varied from 26'45 to 26'67, average 26'57.
The weather was generally hot and dry during the day, and cool and damp during the night.
There was a smart shower for ten minutes one day, and a little light rain on two nights.

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Echoes from the Past.

THE "DEATH MARCH" THROUGH THE KHYBER PASS IN THE AFGHAN CAMPAIGN, 1878-79.

By Surgeon-Major G. J. H. Evatt, M.D.

Medical Staff.

CHAPTER I.

INTRODUCTORY.

It is proposed in the following pages to place on record some experiences along the Khyber line and in Kabul during the Afghan campaigns of 1878-79-80, as it is probable that even the most trivial personal record may be of use to the future historian of that important campaign, for so far as one is aware the historian of that period has not as yet appeared.

Marking, as that campaign did, a great turning point in our relations to Central Asian questions, and in many ways forming a distinct starting point of Indian army reforms, it would be a great pity if no such history were written, as it would be full of interest and instruction in many ways.

One is not concerned to-day to enter in any way into the political causes of the campaign. The time has not yet arrived to deal in full with such questions. It is sufficient to say that throughout the year 1878 our relations with Afghanistan were evidently strained, and the reception by the then Amir Shere Ali of a Russian mission, and his refusal at the same time to receive an

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English one, precipitated a crisis, and by the beginning of October the imminence of the campaign was generally recognized. The final refusal of a passage way to the mission under Sir Neville Chamberlain at Ali Musjid by the Amir's officials led to an ultimatum and a direct declaration of war.

In October, 1878, the Army Medical Service was passing through that transition period between the regimental system of hospital organization and the newly introduced unification system, and at this date, although the hospitals were still regimental, the actual commissioning of medical officers in regiments had ceased, and one was in the indefinite and unsatisfactory condition of being a departmental officer attached to a corps.

In October, 1878, when the troops were ordered to concentrate on the Afghan frontier, the 25th K.O.B.'s were detailed for the Peshawar garrison, and on October 21, 1878, they moved by rail via Lucknow, Bareilly, Meerut, Umballa, and Mian Mir to Jhelum, which was then the rail head of the Punjab State Railway system since merged into the North-Western line.

It is impossible to describe the condition of Jhelum and its neighbourhood at this time. The railway was pouring in supplies from down country in great quantity, and there were scores of railway wagons crowding the small station, and piles of grain, rations, and every kind of supplies stored and packed all about the place.

The grand trunk road from Jhelum to Rawal Pindi, and on to Peshawar seemed to be simply one long line of bullock-carts and camels carrying loads, and troops were at all the camping grounds moving on to Peshawar. The ordinary postal carriage daks were almost impossible to obtain, officers ordered up on special duty found it most difficult to join their appointments, and it will be impossible ever to estimate what enormous sums of money were lost to the State, and what great delays occurred in obtaining supplies and reinforcements at the front by the want of the all-important railway line from Jhelum to the Khyber mouth.

A lady, the wife of an officer in a European regiment, tells her personal experiences at this time. By great luck she managed to secure a dak gharrie from Jhelum to Pindi, but the pressure of passengers being very great, the Jhelum Postmaster asked her to permit a native officer on urgent duty to travel on the top of her carriage, a common method of carrying servants in those days. She assented, and the native officer full of gratitude at her kindness came forward holding out his sword in both hands for her to
touch in the usual manner as a mark of his thanks. She, quite unused to meeting native officers, failed to understand what he meant, and thinking he wanted her to keep his sword as a guarantee that he would do her no injury during the journey, she took the sword from him, put it under her pillow, and gave it to him next morning on arrival at Pindi. It would be interesting to know what the native officer thought of the incident.

Marching from Jhelum the regiment reached Pindi in four or five days, passing on the way the Bengal Sappers and Miners and other corps moving to the front. Coming from a down country station, one now began to see for the first time the wearing of *putties* by the troops, a custom now so common, then quite unknown, and most people had never seen or heard of a "Sam. Browne" sword belt until they saw them worn by frontier officers on the road to Pindi and the front; the workmanlike dress now devised for field service did not then exist, and it was quite impossible when in *khaki* to say who people were. For some time at Dakka in the Khyber a Brigadier-General was taken for a chaplain, as he had very little beard, and nothing whatever distinctive on his uniform to show who he was.

The Elcho boot, now so universally worn in the field, was never seen on any officer until the campaign was well on, and the custom of having a lanyard to one's revolver was practically unknown to the average officer in the early part of the war. In tents, in camp furniture, in cooking utensils, as well as in dress, all seemed unprepared for the special character of this campaign in the highlands.

With the frontier force it was of course quite different; they, and especially the Guides, were well equipped, but they lived and still live ready at all times for the field. The example given to the army by these frontier corps abundantly proved that it is possible to devise a field service dress perfectly distinctive and becoming, and at the same time perfectly serviceable, and all that the army as a whole has since done is to level up to the standard already existing in 1878 in the frontier battalions.

The utter breakdown in dress that used to happen when a force was sent into the field need not now occur in India, as the field dress is practically complete. A story is told of the anger of an officer usually perfectly well turned out in cantonments, who, when dressed in the old khaki coat and going to buy stamps for his English letters, was addressed by a private soldier also at the post
The "Death March" through the Khyber Pass

office: "What a duffer you are to buy stamps, why don't you get the Colonel to frank your letter?" Later on reference is made to an incident where a well-known photographer in the Khyber took command of a convoy and was mistaken for a Bengal Cavalry officer.

The 25th K.O.B.'s remained at Pindi halting for a time, awaiting final orders, and the writer in the meantime was transferred to the 1st division (Sir Sam. Browne's) then mobilizing in the Peshawar valley.

While waiting day by day for a dak to reach Peshawar, the future Principal Medical Officer of the division, Deputy-Surgeon-General John Gibbons, A.M.D., passed through with a special dak. Coming from Allahabad where he had been P.M.O., and going on to Peshawar, he very kindly gave up a share of his dak, which enabled me to reach Peshawar with him.

The want of a bridge over the river at Attock was now and at all times during the next two years a most serious delay.

Peshawar was in a state of great excitement, troops and detached officers were daily pouring in, and the roads were filled with camel convoys moving out to Jumrood with supplies.

The medical officers passed through a wretched time in the few days that intervened between the arrival of the P.M.O. in Peshawar and the marching out of Sir Sam. Browne's division to Jumrood to attack Ali Musjid.

It was simply a killing time for the medical officers, and the confusion and the trouble long foreseen by any thinking men arose in this way:—

Although the unification of the medical department had begun in England in 1873, it was still in October, 1878, working on regimental lines in India.

Every one who had studied the question must have known that such a system would not work in war time up the Afghan passes, and when the war was drawing near, the then Surgeon-General Sir Harry Ker-Innes submitted a scheme for the present field hospital system to be introduced, based entirely on the English, that is to say, the German, French and Russian lines.

Some difficulty occurred in obtaining sanction from the Government of India for this change, and his scheme was not accepted.

At the very last moment, that is to say, one week before the army crossed the frontier, wiser counsels obtained, and a plan of field hospitals as opposed to regimental hospitals was sanctioned, but no one knew anything whatever of the details of the scheme.
until 10 o'clock on the morning when Deputy Surgeon-General Gibbons arrived in Peshawar, and sought shelter in some vacant officers' quarters.

There were then in and around Peshawar numerous regiments and batteries ready for the field, with all their medical arrangements for the campaign complete on the regimental lines of organization.

The P.M.O. had with him but one single printed copy of the new field hospital scheme in the shape of rough proofs of a pamphlet called "The Précis," a name which no medical officer who served in the earlier days of the first Afghan campaign can ever possibly forget.

The P.M.O. on his arrival sent for all the medical officers of corps and batteries, and directed them to bring their clerks with them to his office, and there and then he explained to them as concisely as he could the entirely new scheme of field hospitals, and directed the medical officers to cause their clerks to set to work and copy out the printed scheme on manuscript from his single proof of the historic pamphlet.

This wretched delay alone caused much inconvenience, as every moment was of importance, and it is certain that few medical officers fully understood the drift of the new system at first. Practical experience, however, in a few weeks up the line of the Khyber soon taught them the good and the bad points of the scheme.

It became necessary, therefore, in accordance with this new scheme, in three days, and practically in the face of the enemy, to remove all the medical officers and all the medical subordinates from their battalions; to transfer all the native hospital establishments from their regiments to the little understood new creations called field hospitals; to hand over every grain of medicines, instruments and technical equipment, tents, books, documents, and to give and receive receipts on both sides; and finally to draw from the commissariat, barrack, ordnance, and transport departments the various equipments needed for the same units, the very existence of which was unknown outside the medical department.

If ever there was a case of "swapping horses in crossing a ford" it was here, and one can never forget the hurry, the worry, and the trouble these sudden changes caused; and there is no doubt whatever they acted most prejudicially on the health of the overworked P.M.O., and that this anxiety, together with the wear and tear of his heavy duties during the campaign, so broke him down as to
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hasten his death, which occurred a few months after the second campaign was ended.

In the first place he had no secretary or orderly officer, nor personal assistant whatever to assist him, that fatal blot in our divisional medical arrangements; and his wretched baboo clerks, admirable as penmen under a punkah at Allahabad, had no relish whatever for the rocks and robbers of Afghanistan, and were in no hurry to join him, and when they did they almost immediately afterwards went sick.

As the Principal Medical Officer had constantly to go and see general officers and various other officials, and to make numerous inspections taking him away from his office, there was no official there to meet officers who called for orders, or to make reports, or to ask for explanations, and the confusion was made worse than ever.

When after all this the P.M.O. was seen with his own hands leading his camels from the transport lines, it seemed as if the cup was full and the last straw laid on the camel's back; and it became evident that the very first duty of the P.M.O. of a division in war time is to name at all hazards a secretary as his office staff officer, and a younger and more active officer as his orderly officer.

The Commanding Royal Engineer has a brigade major, the C.R.A. of a division has an adjutant, but the work of both these officers is more circumscribed and much more within a ring fence than that of the divisional P.M.O., who deals with every regiment, every hospital, and every sanitary question in his division. Without an assistant the work simply cannot be done, and it is essential to have the clearest conception of this matter.

Owing to the novelty of the system, at Peshawar there was the greatest difficulty in getting battalion and battery commanders to understand what their medical officers were doing, for in those days the phrase "field hospital" was not understood as it is to-day, and might have meant anything to the average officer, and indeed also to many medical officers. The commissariat, the transport, the barrack department, and the ordnance department failed to comprehend what this new indenting body was, and it was not until 9 o'clock p.m. on the night before the advance on Jumrood, that the tents for the field hospitals were drawn from the Peshawar arsenal.

All this hurry, this dire confusion, this wretched wear and tear of men's lives comes, and will come, from not preparing in peace for war, and so absolutely assimilating our peace routine and
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organization and our war customs, that a soldier of any rank will glide from one into the other almost imperceptibly. How different it was with those perfect units, the frontier mountain batteries, and, indeed, with the frontier force regiments generally, and, above all, with the Guides, who go to war with as little trouble as one goes to a picnic. One learned from them more than ever the great lesson of the need of readiness for field work at all times, the be-all and the end-all of the soldier's existence.

CHAPTER II.

Ali Musjid.

Let us leave the field hospital marching out on the morning of November 19, 1878, towards Jumrood, and glance for a moment at some of the battalions concentrated at this time in and around Peshawar.

If it be not invidious, the palm for physical fitness and complete efficiency on the old long service army lines might be given to Tompson's battalion of the 17th Foot, now the 1st Leicester Regiment. They had come down direct from the Murree Hills, and were in magnificent physical form. They were probably about the last of the long service battalions of that army which was just then disappearing before the short service system, introduced a few years before, and better specimens of that old regime could not be seen; probably for weight and space occupied per man they were 30 per cent heavier and broader than the younger men of to-day.

In India one must never overlook the fact of where the regiments are stationed before a campaign begins. The 17th Foot, coming from the Murree-Abbottabad gullies, were in excellent form; other battalions, coming from malarious stations, were often quite the reverse.

When the campaign was imminent, the Rifle Brigade and the 81st Foot were both quartered in Peshawar, and they also moved forward to the front. Both battalions had suffered much from the then deadly Peshawar fever, but the Rifle Brigade, though sorely tried, held bravely on to the end of the first campaign. The 81st Foot, however, in a health point of view suffered severely. They literally went sick by half companies, and flooded the field hospitals.

The lesson of all this is most important to remember; for malarial fever, although it shows no death-rate, practically ruins a
force, as the least exposure on picket or outpost duty induces ague, and the man must be taken into hospital.

The 51st K.O.L.I. (now the 1st King's Own Yorkshire Light Infantry) also marched into Peshawar at this time and were in excellent form. They had quite lately been on the Jowaki expedition, and in a measure had had their baptism of fire. In their medical inspection at Gandamak in April, 1879, when they were detailed for the proposed rapid advance on Kabul, they were found very fit indeed, having hardly any rejections.

The greater age of the regimental officers of the army in those days was very marked. By comparison with the average age of to-day, there were many old men still commanding companies.

On the morning of the advance on Ali Musjid, the junior major of a European battalion engaged had then thirty-eight years' full pay service. He had turned back from the advance on the fort to send in his papers to retire from the Service, saying, "I feel my position acutely, but I cannot go up the hill."

His senior major was so old a soldier as actually to be commanding a brigade in the force.

In nothing is the army more changed than in the age of the officers. On November 18, 1878, Sir Sam. Browne had a meeting of staff and commanding officers in Peshawar to explain his proposed plan of attack on Ali Musjid. The P.M.O. was present, and heard confidentially of the proposed turning movement by the Tartara route being decided on, and on the morning of November 20 the division as a whole concentrated at Jumrood and pitched a divisional camp, just in front of the then ruined Sikh fortress now so completely remodelled. The field hospital also marched out and pitched its camp with the division. Even thus early in the campaign one could see how hopelessly unfit our heavy plains hospital equipment was for mountain warfare. In the first place the tents, like those of all the European troops, were the huge E.P. pattern, heavy, cumbersome, and unfit for mule or camel carriage in the highlands. Again, all the equipment was packed in unwieldy camel trunks difficult to load, difficult to unload, crushing a fallen camel to the earth, and in which it was impossible to get at any small article.

No mule or mountain equipment for field hospitals of any kind existed in India, and no one knew on what lines to advance to make a mobile field hospital for mountain warfare.

The changes made in our war hospital material since 1878 have been very considerable, and we may safely say that as far as type is
concerned the broad lines of efficiency are laid down. Details of course in this as in all departments still remain to be dealt with. Want of experience, and want of careful thinking out one's requirements in peace for war, will account for most of our troubles in 1878 on these heads.

At 6 p.m. on the night of November 20, 1878, the turning brigades began to move out of camp, and any bystander would be particularly struck with the fitness of the 17th Foot.

A second body of troops left the camp about midnight on the same route, and at 7 a.m. on the next morning the main body, moving up through the Khyber mouth, got under weigh, and gradually moved away over the three miles of plain that intervenes between Jumrood and the mouth of the pass.

And now those in the field hospital were to feel how unready they were in equipment for active work, for that morning, early, Sir Sam. Browne rightly issued an order that no loaded camels were on that day to enter the defiles of the pass, as they would encumber the column. As the field hospital equipment of every kind was entirely packed on camels, it had simply to halt on the Jumrood camping-ground while the troops marched off to the attack.

A gallant soldier commanding a gallant regiment remained behind that day to hold Jumrood. The soldier was Colonel Arm: strong, and the men of his regiment, the 45th Sikhs, an admirable body who did first-rate service during the campaign, but were destined soon after the war to lose, while still a young and active man, their gallant leader, a distinct loss to the Indian army.

The disappointment and vexation caused by this order about camels was very great to the medical officers, who stood by and saw the troops go up to the fight with only a single medical officer with each battalion, and no bearer company or any field hospital whatever.

Deputy - Surgeon-General Gibbons, the divisional P.M.O., remained behind with the field hospital at Jumrood, and in this act no doubt he was wrong, as the true place of a P.M.O. is with the general on whose staff he is, so as to issue orders for the care of the wounded and the disposal of the sick.

The morning was thus passing away, and while eating out one's heart with vexation at being shut out of the fight, it seemed that it would be possible to extemporize some ambulance aid for the division in front without using the camels or their cumbersome equipment.
It was accordingly suggested to the P.M.O. of the division that it would be well to prepare loads of blankets, brandy, beef-tea, and reserve dressings for the wounded, and pack the whole in doolies and so overtake the column.

The P.M.O. readily assented, and, applying to Surgeon-Major Ramsbotham, who was in actual charge of the field hospital at the time, the writer obtained the necessary supplies as well as the help of a young apothecary to assist. There was, however, no escort, nor any arms whatever with the party, and moving out of the Jumrood camp lines, the rolling ground was rapidly crossed, only a few armed hillmen being met with evidently on the look-out to see how the day was going, and we caught up the rear-guard of the division struggling up the stony track that forms the entrance to the historic Pass. The 6th Bengal Infantry that day formed the rear-guard, and applying to the commander of the guard, Captain Birch, an escort of a Havildar’s party was obtained, and we pushed rapidly along the column crowded in the narrow defiles, and were soon well to the front. Just below the Sherghai heights the party had to halt for a time to set the kahars at work to assist Captain Graves, who was in charge of the wagons of the elephant battery, and whose unwieldy vehicles were jamming in the narrow tracks. This well-known and popular officer died in the following July in Peshawar, in the interval between the first and second campaigns.

Some miles of gradual ascent along the winding road takes one almost suddenly out of the defiles of the Khyber on to the open plateau called the Sherghai heights. These are comparatively open and rolling hills from which one commands a good view of Ali Musjid heights and fort, and of the rocky cliffs that directly overhang Ali Musjid, and well away to the left when facing Ali Musjid run the green valleys which lead towards the Bazar valley.

Wilson’s elephant battery was in action against Ali Musjid from a level space on the Sherghai heights, and at intervals a shrieking 40 lb. Armstrong shell went flying over the intervening valley, and either struck against the stony profile of the fort, or dashed against the masses of living rock behind it, leaving a great white patch where it struck, and a few missing both fort and rock fell behind Ali Musjid in a gorge where a number of Afghan troops were under canvas and suffered some loss from the fire.

The fort itself presented a very low and almost indistinguishable profile merging in the grey rock on which it stood, and by which it was surrounded, and was in every way a difficult object for any
artillery to hit. I/C Royal Horse Artillery was also in action from another part of the heights, and the Afghans were replying by cannon shots which came dropping in amongst the troops, and now and then rolling amongst the doolie bearers who were clustered on the heights.

One brigade of our infantry was lining the heights towards the right looking from Sherghai towards Ali Musjid. This was probably Browne's brigade, as the 51st were in that direction, while Appleyard's brigade, consisting of the 81st Foot, the 27th Punjabis, and the 14th Sikhs, were more to the left, again facing towards Ali Musjid. Every one was waiting anxiously for the development of the turning movement by the brigades which had left Jumrood the previous evening, but hour after hour went by and there was still no sign. The brigades were at this time struggling with the increased difficulties of the route, and could not possibly appear on the scene. The short November day was already closing in, and the General, resigning all hope of the turning troops appearing on the scene, gave orders for a direct attack to be made by Appleyard's brigade on the sungah-crowned outlying heights that acted as a kind of rampart to the fort, and which were lined with Afghan riflemen.

No one can positively say whether this attack was made by Appleyard's brigade as a whole, or whether the sepoy battalions alone attempted the assault.

The point in doubt is whether the 81st Foot were ordered to attack at the same time as the 14th Sikhs and the 27th Punjabis, or whether they were held in reserve to support the attack as it developed. It seems, however, that they did in part advance and were recalled. The accounts vary so far as I am aware; but this I know, that no European soldier came back wounded from the assault, nor was any dead European soldier found on the hillside next morning, so that it is evident the brunt of the attack did not come on them but on the native regiments of the brigade.

These two regiments seem to have gone forward to the attack, led gallantly by Captain Birch and Lieutenant Fitzgerald, and were received by a heavy rifle fire, which killed the two named officers, wounded Captain Maclean of the 14th Sikhs, and caused casualties amounting to fourteen or fifteen killed, and about forty wounded in the two regiments.

As the divisional P.M.O. was not on the field, and the party was independent of any regiment or corps, it seemed that it would be better to get nearer the front, and accordingly the bearer company
moved down the sloping ground into the stony bed of the Ali Musjid river, and pushing along the level ground, reached the ground at the foot of the slopes where the assault was being made.

While still moving forward, Colonel Maunsell, of the Bengal Sappers and Miners, who was C.R.E. with the column, came up and said the wounded of the attacking brigade were all coming down into the bed of the river, and in the most lucky manner they came down actually on the very spot where the merest chance help had arrived. They were all Sikhs and Punjabis of the 14th and 27th Regiments.

The men came down direct into the bed of the river, but no reserves could be seen, nor was their regimental medical officer anywhere about, and it fell to the share of the Jamrood help and to that of Surgeon-Major Creagh who was in charge of I/C Royal Horse Artillery to look after them. I/C Royal Horse Artillery had moved down off the heights, and spent the night in bivouac in a sheltered defile opening up off the river.

By absolute good fortune there were plenty of blankets, plenty of brandy, and other medical comforts, and in consultation with Dr. Creagh, an able officer since retired, the wounded men were cared for very thoroughly, and after dressing their wounds and giving them some brandy, covering them with blankets, and giving them some sleeping medicines, by 11 p.m. they were all at rest and slept fairly well during that long and anxious night. It must have been about 5 p.m. in the evening when the wounded began to come in, and shortly afterwards we were greatly surprised to see Surgeon-General Ker-Innes come down the side of the pass with Mr. Archibald Forbes and Mr. Simpson of the Illustrated London News, and descend into the river bed. There was now no chance of mistake as to who he was. He was dressed in the undress uniform of his rank, gold cap, and cross-belt, and looked very spic and span indeed amongst the sombre khaki surroundings.

He inquired at once how we came to be there, and what we were doing, and above all where was the field hospital, the child of his own creation. He then heard of the contretemps as to the camels, and how we came to be up in the pass. He was excessively put out at there being no field hospital on the field, gave some general directions about the wounded, and later lay down to sleep a few yards off on the hillside.

The native wounded behaved splendidly, as they always do, and took their troubles with a light heart; Shabash kuch parwa na hain was the burden of their cry, and they stood the pains of the dressing excellently.
There was, of course, the usual struggling to get to the doctor, and to try and draw the doctor to them, and there were, as there always is, a certain number of over-solicitous comrades, whose intense sympathy with the wounded entirely overbalanced their desire to return to the front and the bullets. These latter men were utilized as a protection against any prowling Afghans, and next morning we dismissed them to rejoin their battalions.

All through that anxious night, when none seemed to know what had really happened, nor what was the true state of affairs, officers and orderlies came passing by the bivouac, and asking in vain where they could find the General, as they wished to make reports and ask for orders; but no one had any idea at all where he was, nor indeed that any attack had been made, until the wounded said that all their officers were killed, and even named Captain Swettenham of the 27th Punjabis, and Major Terry of the Borders, attached to the Punjabis, as killed, mere reports which turned out to be false. The difficulty of finding the General Commanding at night time will always be a difficulty that needs to be specially guarded against, especially if night attacks now so much spoken of ever become realities.

In the early dawn the Surgeon-General came up, and ordered the wounded to be got back at once on to the Sherghai heights, and us to hurry up again to the front. "We are going to have warm work," said he, "an assault in force is ordered," and he evidently spoke with authority.

Accordingly the wounded were rapidly taken back up the bed of the river and up the sloping paths to the Sherghai heights, but there was no hospital there, nor any medical officer to take them over. There were, however, abundance of doolies and kahars left behind by the regiments, and transferring the wounded, the kahars were simply told to "Jao Jumrood," where eventually the wounded arrived without escort or attendance of any kind on the road. Their arriving at Jumrood safely was another piece of good fortune, as a few days afterwards, when the tribesmen were on the war-path, they would in all probability have been cut up. At Jumrood they fell into careful hands and were looked after by the medical officers of the native hospital there, and it was afterwards said that when they saw the clothes of the wounded covered with candle-grease which had dropped on them during the dressing the previous night, they felt what a troublesome thing it is to dress wounded by candle-light on the field.

Having freed the doolies of the wounded, the detachment
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hastened back again down the slope into the river bed, and it seemed that troops from every point were converging on Ali Musjid, and every one was full of excitement with the idea that the assault would be made in force, and the place carried by storm, as it was said that the tribes were assuming a threatening aspect, and that Cavagnari insisted on prompt measures being taken to capture the place.

While hurrying along the bed of the stream towards the open space at the foot of the Ali Musjid fort, and expecting every moment to hear the cannon begin, an officer in khaki came running from the direction of the fort, and crying out to all he met that the fort was empty and that the Afghans had fled in the night.

Hurrying onwards we at last reached the little white mosque of Ali that gives its name to the place, crossed the stream that runs at the base of the rock, and commenced to ascend the broken pathway that then led to the foot, where were also the General and his staff moving upwards towards the fort.

On entering the fort everything was found to be in complete ruin. The 40 lb. Armstrong shells had knocked the place to pieces, and the bastions at the angles were in ruins. In one of these a 40 lb. shell had burst, and four Afghans who had been sitting round a dish of pilau were smashed to pieces by the explosion.

Posteens in quantities, broken arms, cooking pots, and ammunition lay about in confusion, and twenty pieces of artillery were lying about in the fort and a certain number were in line at the foot of the hill.

There were a number of sick Afghan soldiers lying about, wretched-looking men, evidently victims of the Ali Musjid fever, who had been abandoned when the garrison fled in the night by the Bazar valley and the hills on the right of Ali Musjid, looking from it towards Shergahi.

Of loot in the real sense there was none, and if one managed to get an Afghan knife, a koran, a drum and drum-sticks, and a pile of manuscript returns, which turned out to be the company accounts of the soldiers, one was supposed to be lucky.

Posteens could have been had in quantities, but distance lent enchantment to the view of them, and they were in a terrible state of filth. In the gorge behind the fort there was the Afghan encampment, into which some shells had dropped.

The masses of troops which had been converging round Ali Musjid for the assault were now concentrating on the bed of the river below, and for nearly a mile the place was crowded with
troops, fires began to be seen, and preparations for breakfast were developing.

Many very fine mules were running loose about the place, which had apparently belonged to the Afghan mountain batteries, and although a few intelligent persons had annexed them, they were soon after compelled to hand them over to the transport department.

Some cavalry were sent forward up the pass, towards Landi Kotal, but the main body remained halting on the dry bed of the river during the day. The bodies of Captain Birch and Lieutenant Fitzgerald of the 27th Punjabis were brought in off the heights where they had been killed. They had lain on the hillside all night. It was at first intended to bury them at Ali Musjid, but wiser counsels prevailed, and the bodies of these gallant men were sent into Peshawar for burial.

While examining the bullet wound of Captain Birch, which was in the region of the heart, it was found that a locket containing a picture of his wife had been carried into the wound by the bullet.

The Surgeon-General sent round to the various corps and batteries to collect returns of the killed and wounded. The killed were about fourteen, and the wounded between forty and fifty.

All through the day people were anxiously waiting for the field hospital to arrive from Jumrood, but it never appeared.

The Surgeon-General (Ker-Innes) was particularly put out at its non-arrival.

That night we slept in the bed of the river, and in the early morning the troops began to move up the pass towards Landi Kotal.

The eagerly looked for field hospital arrived during the night; it had bivouacked down the stream nearer the Sherghai heights.

With the arrival of the field hospital the separate existence of the temporary aid on the field ceased, and it reverted to the field hospital, where Surgeon-Major Davie, medical staff, was commanding, Surgeon-Major Ramsbotham and Surgeons Cornish and Ryan, with others, being with him.

A site for the field hospital camp was obtained on some level ground on the left bank of the Ali Musjid river, and there we formed a field hospital for the European sick of the entire division.

It should never be forgotten in choosing battalions in India for field service, that a regiment fully saturated with malaria is unfit
for most campaigns, and it is quite certain in general experience that a regiment which has suffered from malaria will also in cold climates very easily fall a victim to pneumonia.

When Sir Sam. Browne's main body moved on to Dakka, the 51st K.O.L.I. and the 6th Bengal Native Infantry remained behind to hold Ali Musjid, and for some time Wilson's elephant battery remained encamped in the open on the Shergahai heights. They were frequently fired into, and later on a company of infantry was sent up from the bed of the river to act as an escort for them.

The army in those days was certainly far from being as ready for war as it is to-day. In dress, in equipment, and in inherent knowledge of military precautions in the field, it seemed distinctly untrained and unready by comparison with to-day.

Even at Ali Musjid one could see this. The camp was frequently fired into, and at first certainly little or no attempt at outpost or picket protection existed.

Over and over again the gunners who were employed in removing the Afghan guns from the Ali Musjid fort were fired at by tribesmen close by the camp, and the gunners were seen to quit the guns and try to reply to the enemy with carbine fire, while all the time two fine regiments were lying, little if at all employed, in the bed of the stream a quarter of a mile away. A company of infantry could have paralysed any such attacks had they been sent out, but in this, as in several other matters, there waswant ofinitiative, or at any rate of right initiative at Ali Musjid. A very brilliant episode, however, was the repulse of a bold attack on a picket of the 51st K.O.L.I. The picket was commanded by Lieutenant Johnston of the regiment, and the enemy were driven off.

The tribesmen were particularly bold in attacking convoys, and the road from Jamrood to Ali Musjid, and from Ali Musjid to Landi Kotal was entirely unsafe, several convoys being attacked, and men were killed in detail. The system of holding the line of road by permanent detachments scattered along it, as opposed to convoy escorts alone, seemed far preferable. For this duty, second or third class troops do very fairly, and save enormous labour to the troops in general.
CHAPTER III.

Dakka.

The Surgeon-General went forward with the head-quarters staff to Dakka, but the divisional P.M.O. remained behind at the field hospital at Ali Musjid.

Day after day the field hospital remained behind at Ali Musjid, and no section or detachment of it was sent forward to the front, thus leaving the troops at Dakka without any hospital accommodation.

The Surgeon-General eventually came back to Ali Musjid, and the divisional P.M.O. proceeded to the head-quarters of his division; when he reached Dakka he found that the sick were accumulating in the Dakka fort in a temporary hospital organized by Surgeon-Major Creagh from his battery equipment, but without attendants, or drugs from the field hospital.

Telegraphic orders were then sent down from Dakka for a section or division of the field hospital to move up to the front, and it became a question who would be the lucky man to go forward.

Surgeon-Major Davie, who then commanded the field hospital, decided on sending a fifty-bed division, and by a lucky stroke it fell to the writer's lot to move forward, and we marched from Ali Musjid with Surgeon Shaw, Medical Staff, one apothecary, and a team of native attendants. There was, however, no hospital serjeant nor writer, nor any European orderlies whatever, and the want of these men was felt very much indeed. It was quite a pleasant march up the Khyber, which beyond Ali Musjid is very picturesque and striking, and passing the great Buddhist Dagoba which crowns the summit of the defile, we reached Landi Kotal, and changing the escort pushed on the same night down the steep roadway that leads to Landi Khana, and reaching that post bivouacked for the night under the walls of the rude fort held by the 20th Punjabis.

The hospital men were perfectly unarmed, and lay down outside the rude walls, and it is a wonder some of them were not cut up as many were, close to, or actually in the camps, during the campaign.

Early next morning the hospital moved down the sloping road that leads into the comparatively open plain where the Khyber Pass ends, and the defile opens out on the valley of the Kabul river.
The "Death March" through the Khyber Pass

It moved along without any attack, and we had no escort whatever, for things were rather easy-going in the early days of the campaign.

When about a mile and a half from Dakka fort, and a partial view had been obtained of a valley which opens up to the left as one approaches Dakka, there was well to the left a cloud of dust, great shouting and crying out, and out of the dust came a crowd of men mounted on ponies and crying out "lardé," "lardé," some riderless troop horses, and a few sowars. It turned out to be a grass-cutting party of the Guides which had been attacked at the head of the valley by some of the tribes. They (the latter) had killed a sowar and driven off the grass-cutters.

A sepy battalion was then encamped close to the mouth of the valley, and they immediately fell in and sent forward a company to skirmish up the valley.

The alarm soon reached Dakka fort, and very soon after a squadron of the Guides turned out and crossed the hills to the head of the valley, hoping to cut off the marauders.

Pushing on to the fort, our arrival was reported to the P.M.O. and to the staff officer of the head-quarters staff who were occupying a central building on the Dakka fort said to be the quarters of the Afghan commandant.

The fort of Dakka may be considered to be the Amir's garrison holding the Afghan mouth of the Khyber, where the pass opens out into the valley of the Kabul river opposite the Mohmand village of Lalpoora.

The fort itself is a kind of miniature Sherpur, as Sherpur was in 1880. The same rectangular form, the same thick earthen wall with bastions at intervals enclosing very substantial mud buildings for the lodgment of soldiers. It formed a capital place for our "étappen" post on the line of communications, and during all the time I was there—several months—not a single bullet entered the fort, a great comfort when one remembers the very constant night firing into camps at other posts. There was ample and very convenient commissariat storage, and the hospital located in the fort eventually became very comfortable.

The hospital was assigned an angle of the fort about 150 yards on each side, and Surgeon-Major Creagh handed over the sick which had already accumulated in the spare rooms of the Afghan barracks.

The camp was pitched that afternoon, and next morning there was hoisted the Red Cross flag, the first that had ever been flown so
far in the Khyber, and by noon Sir Sam. Browne came and inspected the hospital, and said it was fairly complete. It, however, had its inherent weaknesses.

In the first place it had no hospital serjeant, a very essential element, as by an antiquated rule the medical subordinates did no clerks’ or statistical work, and however many of them there might be one could not so employ them. There had been two or three of these serjeants with the head-quarters hospital at Ali Musjid, but one was not obtained for the hospital when marching away. In such a case as that one has to try and develop assistance as best one can.

Going accordingly to Colonel Tompson, who then commanded the 17th Foot, I asked him to let the hospital have a serjeant who could be trained for the work. He said: "I have forty non-commissioned officers employed on various staff billets, and I can’t spare you a man."

This seemed hard at the time, as it was the advanced field hospital and was practically in front of the enemy, but there is no doubt he was right.

If the medical service claims independence, and demands autonomy, it ought to accept responsibility in full, and not have to go about begging for favours in every direction as it so constantly has to do.

After great trouble and delay a rheumatic but intelligent corporal came sick, and I managed to develop him into a clerk, and rejoiced greatly. The rejoicings, however, were but short-lived, for the divisional P.M.O. was in a similar condition as regards clerical help, and any P.M.O. in any campaign may be in a similar plight to-morrow. Two eminently respectable cantonment type of baboos had come up with him as clerks for the campaign.

Anything more unwarlike, more inefficient, and more unsoldierlike cannot be imagined than were these followers.

The biting cold of December days, and the perpetual night firing in the Khyber were not to their fancy, and they both conveniently got sick and returned to the repose of the Allahabad cantonments. This wretched system of baboo clerks failed, as it always must fail in a real campaign. These miserable followers, unarmed, undisciplined, waiting to be cut up, are the curse of an Indian army, and although everywhere condemned, still exist, but should cease by the provision of clerks from regiments and battalions, who should be placed on the unattached lists during good behaviour.

The P.M.O. being thus left single-handed and deserted by his
clerks, noticed the rheumatic corporal, and directed his transfer to his own office, and the hospital was again left desolate. But this is not war as one understands it. It is chaos, confusion, and certain failure in the field, and should not occur in an army worthy of the name. The placing of the follower on a military footing is a most important question for future great campaigns.

Later on the hospital picked up a serjeant, and a good one, too, and he remained with it for some months doing good service, a soldier and a clerk as well.

The native establishment given to work the hospital was wretchedly bad—literally and actually the lame, the halt, and the blind, as Falstaffian a corps as any man could ever see, without discipline, without uniform, or drill, or arms, or anything to distinguish them from the coolies of the Mian Mir bazaar.

With this utterly scratch team one was asked to run a field hospital, to take care of human life and to nurse the sick, things which are not possible without trained and disciplined, well paid and chosen men. To-day the lines of a corps of attendants are being gradually developed, but there is only one model to copy, and that is the model of the army. In its discipline, in its drill, in its training in peace for the routine of war, in the establishment of units identical for the one as for the other, in the knowledge of the matériel and the personnel, in the power to blame or praise some one person for failure or success, on that subordination of individuals to a chief so that success may be obtained for the army as a whole; by these means and on these lines alone can success come. The more one differentiates between the medical service and the rest of the army to which it belongs, and the more one forgets the discipline, the routine, and the methods of the soldier, by so much does one organize disaster and guarantee breakdown in the field.

When the then Commander-in-Chief, His Excellency Sir Frederick Haines, came through Dakka in February, 1879, he said: “Now is there anything you would like to bring to my notice, speak out and keep back nothing.” He was told: “The native attendants are as bad as they can be.” Sir Frederick agreed, and said a scheme was then being prepared to improve them.

Later on such a scheme was promulgated, but it still leaves these men as unarmed followers, with less food than the sepoy, although their duties are most onerous and cover day and night, and their rate of pay is still below even the moderate sepoy standard, rendering it difficult to obtain good men.

They can never be anything but a weakness to our forces until they copy the army.
Until every field hospital needed for war exists as a permanently organized unit in peace, doing duty it is true as a station hospital in cantonments, but moving to war with the same personnel, there must be great weakness in efficiency.

Just as a field battery exists in peace for war, so should a field hospital, and when war is declared it should move with its own officers, its warrant officers, its soldier clerks, European soldier nurses, native attendants, tents and equipment, and its nucleus of transport waiting for expansion in the field.

To know one's personnel, to know whom to trust and whom to distrust, to know who is steady and careful and who is the reverse, these things are enormously important in war; but if units do not exist in peace as in war, how are they to be known, and how can work be carried on with confidence? Decentralization here is of supreme, nay, vital importance, but then it should not be disintegration, and in the identity of the war and peace unit we have the keynote of success.

It would be quite wrong to allow in any way that the hopes and the dreams of the reforming party in the medical service have as yet been realized, but progress is being made under the lessons learned from each campaign.

A few days after the hospital marched into Dakka the force under Sir Sam. Browne moved forward towards Jalalabad, leaving the 17th Foot, the 45th Sikhs under Armstrong, and Hazlerigg's battery of field artillery in garrison to hold Dakka fort.

Colonel Armstrong of the 45th Sikhs became commandant at the post, and was in every way a good man for the billet.

The writer was senior medical officer with him for several months, and never had any trouble about duty or work; once only there was a slight difference of opinion, and as it was instructive it may be referred to. When Sir Sam. Browne's force moved away from Dakka the place was in a dirty state, and required careful sanitary supervision. The camels and other cattle were dying badly as they did throughout the winter. Surgeon Ratigan, M.S., was nominated to act as executive sanitary officer to make inspections and send in reports. The reports of dead camels were urgent and numerous, and I moved the commandant as to their burial.

One evening a train of camels and the driver came to the field hospital with a receipt for Dr. Ratigan to sign, as it was intended that he should become camel burier to the force.

To this I naturally objected, and requested that the transport...
people be ordered to bury their dead animals, and that in carrying
out other sanitary work the staff officer of the commandant should
be the executive, the medical department being the advising body
only.

To this the commandant assented, of course, and the matter
ended.

There is no doubt that the conservancy of the camps in a
campaign like that of the Khyber, moving over a narrow roadway,
is very important, and a definite fatigue under the commandant's
orders seems needed.

In any campaign the definite organization of the conservancy of
posts becomes a very important matter, and in an army where caste
prevails often causes difficulties.

While the sick carriage was being arranged for the return of the
14th Sikhs, I met for the first time Brigadier-General Tytler. I
confess I had no idea who he was. The field dress in those days
was very undefined, and every man seemed to be a law unto himself
in the matter. As the Brigadier-General wore no badges and had
very little beard, I thought him a chaplain of the force.

I thus met for the first time one of the most singularly perfect
types of the Indian soldier. Few officers ever were so loved, so
entirely trusted in as was General Tytler. Most considerate, most
just, demanding duty to be done with exactness, and with a manner
which compelled obedience, there was no officer in whom officers
and men had such perfect confidence and reliance. He had a
singular calm in his manner and was perfectly unmoved in every
position in the field, either in or out of fire. He had the keenest
consideration for his men, and all who served under him regard his
memory to this day as a great bond drawing them together. To
the great loss of India and the army his fate was to die of pneu-
monia in the Zaimukht expedition during the second Afghan
campaign in 1879.

The hospital had arrived in Dakka on December 8, 1878, and
about this time continual attacks were being made on convoys in
the pass by hillmen from the Bazar Valley, and largely, it is said,
by the Zakha Khels.

These hardy tribesmen from the crests of the hills watched the
narrow path of the Khyber as it wound along, and woe to the
straggler, the listless camp follower, the doolie bearer, or the foot-
sore sepoy or private who lagged behind the convoy. These hawks
swooped down from their hill-tops, and the murderous Afghan knife
soon did its thorough work. The grass-cutters and the camel men
when out grazing their cattle were special victims of attack, and the wounds inflicted on them left no room for medical aid, they cleft the skull as though it were an eggshell.

The mass of unarmed followers in the Indian army is a most serious question not yet fully tackled, and the next great war will certainly force the question forward in a marked degree, if not fully dealt with beforehand.

In thinking of these days one always remembers, as a picture impressed upon the mind, seeing Major Cavagnari, who was political officer with the force, addressing a crowd of the local tribesmen in the pass, and warning them that if the outrages proceeded punishment would result.

He was on horseback dressed in the khaki uniform which all the frontier men knew so well how to make into a most soldierlike and serviceable uniform, and around him were grouped those savage mountaineers, in postees or their coarse friezes, and armed with jezails, and here and there a muzzle-loading Enfield rifle, their razor-like knives, and a few shields.

It was simply another type of the same old scene which has gone on in the world since time began, savagery face to face with civilization, and the types of both were in this example as well marked as need be.

CHAPTER IV.

THE BAZAR VALLEY EXPEDITION.

The attacks on convoys continuing, it was determined to send a lightly equipped column into the Bazar Valley to punish the marauders in their own home. A strong force under General Maude and the 2nd division staff moved across the hills from Ali Musjid, and Brigadier-General Tytler was ordered to co-operate from Dakka with a smaller column consisting of a wing of the 17th Foot, the 45th Sikhs, some of the Guides, and some Sappers and Miners. It was necessary to detail a medical officer for the 17th Foot, and Surgeon C. P. Turner, M.S., who was then doing duty in my hospital, was nominated, but at the last moment he fell sick with quinsy, and the writer proceeded himself with Tytler's column.

This was the first of those small expeditions which continually marched off from the main line of the Khyber, either for purposes of reconnaissance or the punishment of marauding villages, and which formed a special feature of the campaign.
The "Death March" through the Khyber Pass

The column left Dakka on the afternoon of December 19, 1878, and marched onwards until nightfall, when it bivouacked on the hill-sides, and had no fires or lights of any kind. Here it rested until 3 a.m. The dry, clear, frosty air of the winter in the Khyber was very invigorating, and the electrical condition of the atmosphere most marked; as one pulled one's blanket over one that night, it crackled and sparkled with electricity like an electric machine.

Next morning the column surprised some villages and began the blowing up of the village towers (so common an occurrence throughout the war) and in the afternoon after a toilsome march over a ridge some 5,000 ft. high, and covered with English flowers and with mistletoe on the trees, it opened up a view of the distant Bazar Valley, and began descending towards it, by night-time reached it, and bivouacked outside the walls of a large village. Women, children, cattle, moveables, all were gone, and perfect silence reigned over the place.

As darkness closed in the soldiers lighted their cooking fires of the spare wood and rafters lying about, and soon the place was aglow with the flames.

That night the writer sat by the fire where General Tytler, with Major Gordon, his Brigade-Major, and Captain Rogers, his A.D.C., formerly his adjutant in the 4th Gurkhas, were gathered.

The General spoke of his former campaigns, of his regiment, and of our present expedition. But what has impressed itself most firmly on my memory was when he spoke of the medical service of the army.

He said no general officer had yet appeared in our army who knew how to appreciate at its just value an efficient medical service. They still remained "the step-children in the military family," and much more to the same effect. Of course the writer agreed with him, all who know do agree with the truth of this idea.

Napoleon, who raised Percy and Larrey to be Barons of his empire, and in his will referred to Larrey in words which can never be forgotten, had fair views on the subject, considering the age and time. Sir John Moore, a clear-headed soldier and army reformer, had glimmerings of the matter. Wellington, ever hard and unsympathetic though he was on all army questions, paid them some well-earned compliments; but it remained for Dalhousie, our greatest Indian statesman, and the chivalrous Outram, the knight sans peur et sans reproche, to give the clearest and the most outspoken expressions of sympathy with the medical service. Slowly the conceptions
of Dalhousie are being realized, but so far as one can see, the motive power comes entirely from within, and not from any help from without the department, and perhaps after all this is the true progressive path. All external influences may have no real foundation with the corps itself, if reforms come from without; but it still waits the appearance of the leader who will fully accept it into the family it has served so devotedly.

During the long December night not a shot was fired by the troops or the tribesmen, and next morning the staff rode over and opened up communications with General Maude's column, which had entered the valley from the Ali Musjid side and the lower part of the Khyber.

Archibald Forbes, the Daily News correspondent, had come into the Bazar Valley with the Ali Musjid column, but he now quitted them, and rode over with us to join Tytler's force and to return with us by the Sisobi Pass to Dakka.

That forenoon the column blew up and burned the village towers and houses of the Bazar Valley, and by noon had quitted its bivouac, and turning its face towards Dakka began the long and difficult ascent that separates the Bazar Valley from the watershed of the Kabul river.

At first all seemed as if it was to be a mere walk over, but as usual in all Afghan, and perhaps in all mountain warfare, the mountaineer enemy, who never faced the column in the advance, followed it up in the retreat, and constantly fired on the rear guard.

A soldier of the 17th Foot was badly hit in the thigh, the bullet smashing the bone high up near the hip and inflicting an almost hopeless injury. Like all the English wounded, the man resented the injury most bitterly and vowed dreadful vengeance against the enemy.

The column bivouacked that night near the crest of the hills; the air was keen and biting and intensely electrical. The blankets placed over the wounded soldiers were a mass of crackling discharges of electricity.

The troops were sheltered in an oak forest, and the fires, the foliage, the starlit night, and the whole surroundings resembled rather a camp of brigands in the Apennines than the ordinary Afghan camping-ground amongst rock, and stone, and barren hill-sides steeped in the eternal khaki colour which pervades all Afghanistan.

No firing occurred after nightfall, and the troops sat round the fires in comfort while Archibald Forbes told stories of old times.
Next morning at dawn the column was again getting ready for the start for its long journey back to Dakla. The writer had been to the General to make a report about the wounded, when, while speaking to him, a shot, not a rifle shot, was fired close by the spot where we were standing, so close, indeed, that we thought some one was blazing at the wood pigeons who were flying about the trees close by, and the first thought was how foolish to alarm the camp by doing so.

The shot came, however, from quite another source, and in a few minutes the troops, who had been some time ready to move, began their march.

At about 8 o'clock a.m. began one of the most difficult, rugged, and dangerous descents through a series of the narrowest defiles ever seen either in Afghanistan, or, indeed, in any part of the Himalayas.

The column seemed to be for hours descending the rugged bed of a mountain torrent filled with huge boulders and so narrow as to compel all movements to be in single file. The snow lay in the deep recesses of the defiles, but the air was clear, and the sun shone with that absolute brilliancy which it does in the perfect Khyber atmosphere.

The moment the column began to move the hidden mountaineers commenced a musketry fire from every part of the hills.

It seemed exactly like the scene in the "Lady of the Lake," where Roderic calls up his clansmen by whistle. From amongst the pines, from out of the oak trees, from behind every boulder, came the unceasing dropping fire of the hillsmen. The General ordered each regiment to march as an escort over its own baggage, so that the column became for the time one very strong baggage guard; he himself remained with a strong rear-guard holding every ridge and vantage ground, while the main body hastened along the tangled path that formed our only road.

The way the tribesmen kept cover was perfect. I took the greatest trouble with the naked eye and with glasses to search the hill-sides, but saw not one of the enemy. All that was to be seen was the puff of the jezail, and now and then was heard the crack of the muzzle-loading Enfield rifle. Smoke there was in plenty and close by, but never a man was seen, and had the enemy been well-armed they could have done us much injury.

All through the hours the column continued this most exhausting retirement, continually followed by the enemy, losing men as we moved along, and the General himself holding the rear in person, aided by his staff, but not a man was seen to fire at.
During the retirement the unfortunate soldier of the 17th Foot, who had been shot in the thigh the previous evening, and who was being carried down the defiles in a red-covered doolie, came finally to grief.

The red cover of the doolie made an excellent mark for the jezailchis, and the unfortunate soldier was killed in his doolie by a bullet through his liver.

Another soldier of the same regiment was struck down by a bullet which smashed his thigh-bone. The writer was behind with the rear guard, while the man was to the front nearer Dakka. Archibald Forbes saw him fall and dressed his wound, leaving him in the track with a note pinned on to his tunic. He had done all that was possible for the soldier, and the writer coming on later with the doolies, picked up the man, and preserved the note as a memento of the day.

Some technical difficulty as regards the status of Mr. Forbes with the army prevented this act of his being recognized by the State, but there is no doubt he too earned the medal that day. The experiences of that day, even to an old soldier like Archibald Forbes, were, he himself said, perfectly novel, and he did not remember a nastier day.

The column got out of the entanglement of the passes and defiles by 1 o'clock p.m., but from 8 o'clock in the morning till 1 o'clock in the afternoon it was continually under fire, and the fatigue was excessive.

The sepoys took their wounds well, with the greatest sangfroid and bravery, and never resented the injury in the personal way the Englishman did, whose first cry was for revenge on the man who hit him, while the sepoy called for cheers for the sirkar.

The column continued its march all that day and did not reach Dakka fort until midnight. The long march and the shocks of the descent told badly on the wounded, and the man dressed by Archibald Forbes did not survive the operation for his relief.

It is highly interesting to note the result of this expedition for a few days without tents on the Khyber hills.

The 17th were a singularly fit regiment, and for several days after their return did excellently well, but when the excitement passed off, the wear and tear and the exposure to the biting cold began to tell, and thirty-one cases of pneumonia resulted, with eleven deaths.

This was amongst the Europeans only. Pneumonia is the one dread enemy to be feared on these Afghan hills and table-lands. It
The "Death March" through the Khyber Pass
tells with fearful effect on the badly clad, underfed, and little cared
for follower, to a large extent upon the sepoy, and to a considerable
amount on the European soldier, although the latter is well fed and,
as a rule, well clad. The way the followers died of it was most
shocking. A grass-cutter in his flimsy dress would come in at three
or four in the evening with his load, and seem fit and well. The icy
night wind would strike him, and in three or four hours he would
be dead with inflammation of the lungs. Men who came from
malarious stations like Peshawar and Mian Mir at once fell victims,
and it seems true that malarial fever so diminishes the vital energy
of a man that he succumbs easily to lung inflammation in these
mountain climates. One would imagine at first sight that sufficient
care had not been taken to send the man to hospital, but it was soon
evident that the onset was so rapid as to leave no time whatever
for the man to sicken in the ordinary way.
It is impossible to dwell too much on the physique of the
follower, the most careful inspection of all such men is essential
before a war begins. Hundreds of men entered the Khyber who
were hopelessly and completely unfit for even a hard day's work in
the plains.
Their physical inspection on recruitment must have been per­
functory in the last degree. Weedy grass-cutters, cook-boys of the
lowest bazar scum, doolie bearers who could not lift a basket let
alone a doolie, officers' servants of poor physique, all such men are
out of place in an Afghan field force. Two men reached the camp
at Gandamak in the second campaign as hospital servants, tooth­
less, decrepit, seventy years of age at least, and completely unfit for
any work of any kind. They had been footballed up the Khyber
from post to post, a game of sending the fool further, and eventually
they drifted into Gandamak simply dying. The two old gentlemen
were put to bed, and they returned to India by the next convoy,
requiring twelve kahars to carry them, camels for the kahars' kit,
food for the camels, &c., until in the end their progress up and down
the Khyber probably cost hundreds of rupees, and for what? How
and why did they enter the Khyber at all? When next the army
enters these passes to fight there should be at Landi Kotal, or
Dakka, as also at the Kojak, a rigid physical examining post, and
there let a medical officer, with the feelings and ideas of a soldier­
surgeon, ruthlessly fling aside every follower not up to a good
physical standard of fitness and health. This may do much for the
army, but there is a higher law still, which would say, abolish the
follower altogether.
If the British regimental cook-boy is of poor physique, abolish him, and let the soldier learn to cook and fight also. Six years later than the Afghan War, the writer was for one month in camp at Tambook, on the Suakim-Berber road, with the Scots Guards in the Sudan. These men, fresh from Chelsea or St. George’s Barracks, had neither bheestie, nor sweep, nor cook-boy, and they were wonderfully fit under a sun beside which the Afghan sun is as nothing, and did all their own work and fatigue. The same, too, must be done in India, as regiments fresh from England are doing in climates similar to India, and on the Afghan table-land the English soldier can easily do everything for himself.

Officers’ native servants should be dressed like their masters’ regiments, and should wear on their shoulder straps the badge or distinctive mark of the corps. They should have a field kit like a soldier, a haversack, water-bottle, and a sword-bayonet, or other defensive weapon carried in a waist belt.

In the sepoy battalions it is difficult to see the need of any followers whatever. Water-supply should be done by armed soldiers leading puckal mules, and the company sweepers should be the battalion pioneers dressed, drilled, and equipped like the pioneers of British battalions.

These men, meat eaters, with no scruples as to what rations they get, survive better under pneumonia than the vegetable feeders, for pneumonia is the real Hindu Kush, or Hindu killer, of Afghanistan.

Officers of the native corps should supply themselves with servants in full from their battalions, letting their cooks be Mussulmans, and their syces of the same type as the mountain battery drivers, the only model of a syce we want in the army.

The whole of the permanent hospital corps should be drilled, armed, and organized as sepoys, and there is no difficulty whatever in doing this, and so making the army readier for war.

That frightful mass of people, the commissariat native establishments, without uniform, without drill, without discipline, should also be dealt with, and at any rate put into the distinctive uniform of their department. Once in uniform one has an enormous hold over the individual, and the marauder lurking behind the crags of Afghanistan thinks twice before he descends to attack a man in uniform with a sword, even though that man may be but a commissariat gomashta tumbling over his sword at every step.

By such gradual action we may diminish the mass of followers
The "Death March" through the Khyber Pass

in the army, and develop its military efficiency and mobility in every way.

On the return of the column to Dakka from the Bazar Valley, the head-quarters of the field hospital was found to be on the march up from Ali Musjid to Jalalabad, and was halting at Dakka for the day. It moved on the morrow to join the head-quarters of the division at Jalalabad.

The winter passed over at Dakka with continual work for the doctors, and it was not until one day in March that we suddenly remembered that we had been more than four months in the field.

The unceasing cares of a big hospital, convoys arriving from the front, convoys leaving for the base, and the care of the post itself, all kept one fully employed.

In the hospital one was continually confronted by the unreadiness of the medical service for war. The transport was very defective. The need of a good kajawa for use with camels, a most important aid in war, was much felt, and the want still exists. If such an equipment could be found, it would carry a sick man and his kit, and be of the greatest use for evacuation of milder cases. A kind of chair for mules to carry one sick man riding across the mule would be a great boon, with supports on the saddle to prevent a weakly man from falling off.

Quick-moving horsed ambulances, which could cover easily two of the ordinary marches in a day, would in the end economize forage and more rapidly move the sick towards the base. Good bullocks are so expensive, and at the same time move so slowly, that their use in ambulance transport on the communications is certainly questionable. Hospital drugs, too, were in those days awfully unportable, too numerous, and loosely packed in big bottles, as in a chemist's shop. One carried quinine to Kabul over the Lataband Pass, 8,000 ft. high, as loosely packed in big glass bottles as it could be in Savory and Moore's stores in Bond Street.

The compressed drugs now so general were then unissued, and the medical store depot was at Mian Mir, cut off by a long road from even Peshawar. It was impossible to get up medical stores.

Officers at Dakka had written home to England and got out supplies to Dakka before one could get drugs, even those from Peshawar. The medical service wanted then, as it wants always, to copy army systems and army methods, and the quinine should no
more have gone up loose to the front than powder goes up loose in barrels to regiments in the field. Medical cartridges of pills and drugs, and compressed medicines, are quite as possible as gunpowder cartridges, and few drugs are needed in the field.

A medical officer at Jagdalak was heard to complain that he could not get a rare and difficult-to-be-obtained drug for the treatment of some ailment; but it is impossible in war to meet the varying demands of various medical officers, and that man is the best army surgeon who can utilize as far as possible the ordinary supplies found with the column, and limits himself to some twenty potent medicines small in bulk but active in property. Rum should largely take the place of brandy, and poultices be made of some forage supply. To-day the medical service is far better off than we were even ten years ago in these respects. But the lesson of the army methods and the army systems is still open to be read by him who has the power to read it. The more one diverges from these principles the more one goes astray.

The doctors felt most markedly in the hospitals the want of European soldier orderlies to care for and nurse the bad cases. Situated as the British army is in India, surrounded by a race so different in customs, traditions, and ideas of comfort, it cannot draw upon them for nursing care in sickness. It is the custom in peace time in India to draw sick attendants from the European battalions in cantonments to nurse their sick comrades, and the orderlies so employed return to their battalions when their nursing labours terminate either by the recovery or the death of their patient. It is a makeshift system, but still it works. But in war, when the cases are infinitely worse, require far more care, and the doctors are unable to supervise as fully as they would do in peace, they have no such men at all given them, and the sick man is left entirely in native hands.

The want is dreadful, and irreparable in every way.

The native establishment is fit only for fatigues, and not for nursing. The medical department wanted them, and it still wants, and in any future campaign it most certainly will want, a percentage of European soldiers to care for the bad cases in field and general hospitals.

Probably twelve such men would be needed for every field hospital of 100 beds; the apothecary class do not fulfil these duties, and it is essential for the army now in peace time to prepare for war, and train these men for field work. The medical department should act just as the Indian commissariat and ordnance department
do, and draw from the battalions a certain number of men on pro-
bation. Let them see hospital work, and, if approved of, be
transferred to the unattached list, and be posted to the medical
department for duty, with the power of remanding them to their
battalions for misconduct. The chief who accomplishes this will
have made success in war still more possible for the medical service
and the army, and he will certainly save the lives of his medical
officers, who constantly die in campaigns from overwork of a kind
that could easily be done by subordinates. It is perfectly impossible
to work the field hospitals efficiently without them, and any
opinion to the contrary cannot be based on a true peace or war
experience.

The nursing classes lately introduced by order of His Excellency
Sir Frederick Roberts, the present Commander-in-Chief, are paving
the way for the final development of the main idea, but until that
final development comes, and the men are given in peace for war
and for permanent duty, failure in hospital efficiency in the field
must be inevitable. It is better to have clear conceptions on this
head now than to have commissions of inquiry afterwards, when
failures have occurred and deaths which might have been prevented
have taken place. For it is ever to be remembered that in any such
inquiry the real sufferers give no evidence. They are at rest for
ever from all such worry, and the most telling evidence is not forth­
coming nor ever can be. It lies quiet in the grave.

The then Commander-in-Chief in India, Sir Frederick Haines,
came through Dakka *en route* to Jalalabad in February, 1879, and
Surgeon-General Ker-Innes was with him.

*(To be continued.)*